



**MISSOURI DEPARTMENT OF HEALTH AND  
SENIOR SERVICES**

**Issue Date: February, 2006**

**To be evaluated on time, WORKPLANS MUST  
BE POSTMARKED NO LATER THAN:**

Date: **April 15, 2006**

For more information, contact:  
School Health Services  
Marjorie Cole, Program Manager or  
Nela Beetem, RN  
at (573) 751-6213

**RETURN AN ORIGINAL OF REQUIRED DOCUMENTS TO:**

**Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood, P.O. Box 570,  
Jefferson City, MO 65102, or 930 Wildwood, Jefferson City, MO 65109, postmarked on or before April 15, 2006.**

**Faxed copies will not be accepted.**

**Contract Title: School Health Services (SHS)**

**Contract Period: July 1, 2006 through June 30, 2007**

**Contact Information**

CONTRACTOR NAME:	NAME OF REGISTERED NURSE(S) RESPONSIBLE FOR DEVELOPING WORKPLANS:	
ADDRESS:	ADDRESS:	
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:	
ADMINISTRATOR OR SUPERINTENDENT NAME	TELEPHONE NUMBER OF THE ABOVE: Work:	Optional: Home:
ADMINISTRATOR OR SUPERINTENDENT'S TELEPHONE NUMBER:	FAX PHONE NUMBER OF THE ABOVE:	
ADMINISTRATOR OR SUPERINTENDENT'S FAX PHONE NUMBER:	EMAIL ADDRESS OF THE ABOVE: Work: ----- Home:	
ADMINISTRATOR OR SUPERINTENDENT'S EMAIL ADDRESS	NURSE'S LAST DAY AT SCHOOL:	